

SERIAL NUMBER 9/149,721	FILING DATE 09/08/98	CLASS 535	GROUP ART UNIT 1623	ATTORNEY DOCKET NO. 237,025
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APPLICANT

JOHN J. MUMPER, THE WOODLANDS, TX; FRANK TAGLIAFERRI, HOUSTON, TX.

****CONTINUING DOMESTIC DATA*******
 VERIFIED PROVISIONAL APPLICATION NO. 60/058,259 09/08/97
HO

****371 (NAT'L STAGE) DATA*******
 VERIFIED
HO

****FOREIGN APPLICATIONS*******
 VERIFIED
HO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/24/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <u>HO</u>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 0	TOTAL CLAIMS 137	INDEPENDENT CLAIMS 3
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ADDRESS

LYON AND LYON LLP
 SUITE 4700
 633 WEST FIFTH STREET
 LOS ANGELES CA 90071-2066

TITLE

HYDROPHOBIC GLYCOSYLAMINE DERIVATIVES, COMPOSITIONS, AND METHODS FOR USE

FILING FEE RECEIVED \$3,676	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER <div style="text-align: center;">09/149,721</div>	FILING DATE <div style="text-align: center;">09/08/98</div>	CLASS <div style="text-align: center;">435</div>	GROUP ART UNIT <div style="text-align: center;">1651</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">237/023</div>
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APPLICANT

RUSS J. MUMPER, THE WOODLANDS, TX; FRANK TAGLIAFERRI, HOUSTON, TX.

CONTINUING DOMESTIC DATA***
 VERIFIED PROVISIONAL APPLICATION NO. 60/058,259 09/08/97

371 (NAT'L STAGE) DATA***
 VERIFIED

FOREIGN APPLICATIONS***
 VERIFIED

FOREIGN FILING LICENSE GRANTED 09/24/98

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 0	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 3
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Verified and Acknowledged Examiner's Initials _____ Initials _____

ADDRESS

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 633 WEST FIFTH STREET
 SUITE 4700
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TITLE

HYDROPHOBIC GLYCOSYLAMINE DERIVATIVES, COMPOSITIONS, AND METHODS FOR USE

FILING FEE RECEIVED <div style="text-align: center;">\$3,676</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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